UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

JAMES EARL EVANS,

Plaintiff.

-against-

LYNDSAY SANTA, et al.,

Defendants.

23-CV-0626 (LTS)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION AND PRISONER AUTHORIZATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is currently incarcerated at Orange County Jail Correctional Facility, brings this action *pro se*. To proceed with a civil action in this Court, a prisoner must either pay \$402.00 in fees – a \$350.00 filing fee plus a \$52.00 administrative fee – or, to request authorization to proceed *in forma pauperis* (IFP), that is, without prepayment of fees, submit a signed IFP application and a prisoner authorization. *See* 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner's IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee in installments deducted from the prisoner's account. *See* 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to send to the Court certified copies of the prisoner's account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b).

Plaintiff submitted the complaint without the filing fees or a completed IFP application and prisoner authorization. Within thirty days of the date of this order, Plaintiff must either pay

¹ The \$52.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

the \$402.00 in fees or submit the attached IFP application and prisoner authorization. If Plaintiff submits the IFP application and prisoner authorization, they should be labeled with docket number 23-CV-0626 (LTS).²

No summonses shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: January 27, 2023

New York, New York

/s/ Laura Taylor Swain
LAURA TAYLOR SWAIN
Chief United States District Judge

² Plaintiff is cautioned that if a prisoner files a federal civil action or appeal that is dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, the dismissal is a "strike" under 28 U.S.C. § 1915(g). A prisoner who receives three "strikes" cannot file federal civil actions IFP as a prisoner, unless he is under imminent danger of serious physical injury, and he must pay the filing fees at the time of filing any new action.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	II name of the plaintiff or petitioner applying (each person ust submit a separate application))	CV						
	-against-	(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)						
(fu	II name(s) of the defendant(s)/respondent(s))							
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FI	EES OR COSTS					
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in occeed in forma pauperis (IFP) (without prepaying fees e:	this action. In support of	this application to					
1.	Are you incarcerated? Yes I am being held at:	☐ No (If "No,"	go to Question 2.)					
	Do you receive any payment from this institution?	☐ Yes ☐ No						
	Monthly amount:							
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attadirecting the facility where I am incarcerated to decand to send to the Court certified copies of my account. U.S.C. § 1915(a)(2), (b). I understand that this mean	luct the filing fee from my unt statements for the pa	y account in installments st six months. <i>See</i> 28					
2.	Are you presently employed? Yes	☐ No						
	If "yes," my employer's name and address are:							
	Gross monthly pay or wages:							
	If "no," what was your last date of employment?							
	Gross monthly wages at the time:							
3.	In addition to your income stated above (which you living at the same residence as you received more to following sources? Check all that apply.							
	(a) Business, profession, or other self-employment	☐ Yes	□ No					

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	(c) Pension, annuity, or life insurance payments			Yes			No	
	(d) Disability or worker's compensation payme	ents	Ц	Yes			No	
	(e) Gifts or inheritances			Yes		Ш	No	
	(f) Any other public benefits (unemployment, s food stamps, veteran's, etc.)	social security,		Yes			No	
	(g) Any other sources			Yes			No	
	If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.							of
	If you answered "No" to all of the questions above, explain how you are paying your expenses:							
4.	How much money do you have in cash or in a checking, savings, or inmate account?							
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:							
6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:							
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):							
8.	Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:							
<i>Declaration:</i> I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.								
Da	ted	Signature						
Na	me (Last, First, MI)	Prison Identificat	ion # (if incar	cerated)			
Λ-1	droce City		+2+2		7in Cada			
Ad	dress City	5	tate		Zip Code			
Telephone Number		E-mail Address (if	availa	able)				

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the	plaintiff/petitioner)		CV		() (
-against-			(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)					
(full name(s) of t	ne defendant(s)/responden	it(s))						
	PR	ISONER AUTH	ORIZATION					
By signing be	elow, I acknowledge	that:						
the full f		se, even if I am gra	equired by statute (28 nted the right to proce					
` '	(2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.							
I authorize tl	ne agency holding m	e in custody to:						
• •	y current institution		ccount statement for t in which I was incarco	-				
	(2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.							
	zation applies to any court to which my c	· .	e custody I may be tra erred.	nsferre	d and t	o any		
Date		-	Signature					
Name (Last, First, MI)			Prison Iden	tification	#			
Address		City	Sta	nte	Zip Co	de		

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¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).